

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LT		8-14-00
O.I.P.E. CLASSIFIER	TH		8/19
FORMALITY REVIEW	RS	01730	9/25-00
RESPONSE FORMALITY REVIEW			1/9/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
9 ✓	
10 ✓	
11 ✓	
12 ✓	
13 ✓	
14 ✓	
15 ✓	
16 ✓	
17 ✓	
18 ✓	
19 ✓	
20 ✓	
21 ✓	
22 ✓	
23 ✓	
24 ✓	
25 ✓	
26 ✓	
27 ✓	
28 ✓	
29 ✓	
30 ✓	
31 ✓	
32 ✓	
33 ✓	
34 ✓	
35 ✓	
36 ✓	
37 ✓	
38 ✓	
39 ✓	
40 ✓	
41 ✓	
42 ✓	
43 ✓	
44 ✓	
45 ✓	
46 ✓	
47 ✓	
48 ✓	
49 ✓	
50 ✓	

Claim	Date
Final	
Original	
51 ✓	
52 ✓	
53 ✓	
54 ✓	
55 ✓	
56 ✓	
57 ✓	
58 ✓	
59 ✓	
60 ✓	
61 ✓	
62 ✓	
63 ✓	
64 ✓	
65 ✓	
66 ✓	
67 ✓	
68 ✓	
69 ✓	
70 ✓	
71 ✓	
72 ✓	
73 ✓	
74 ✓	
75 ✓	
76 ✓	
77 ✓	
78 ✓	
79 ✓	
80 ✓	
81 ✓	
82 ✓	
83 ✓	
84 ✓	
85 ✓	
86 ✓	
87 ✓	
88 ✓	
89 ✓	
90 ✓	
91 ✓	
92 ✓	
93 ✓	
94 ✓	
95 ✓	
96 ✓	
97 ✓	
98 ✓	
99 ✓	
100 ✓	

Claim	Date
Final	
Original	
101 ✓	
102 ✓	
103 ✓	
104 ✓	
105 ✓	
106 ✓	
107 ✓	
108 ✓	
109 ✓	
110 ✓	
111 ✓	
112 ✓	
113 ✓	
114 ✓	
115 ✓	
116 ✓	
117 ✓	
118 ✓	
119 ✓	
120 ✓	
121 ✓	
122 ✓	
123 ✓	
124 ✓	
125 ✓	
126 ✓	
127 ✓	
128 ✓	
129 ✓	
130 ✓	
131 ✓	
132 ✓	
133 ✓	
134 ✓	
135 ✓	
136 ✓	
137 ✓	
138 ✓	
139 ✓	
140 ✓	
141 ✓	
142 ✓	
143 ✓	
144 ✓	
145 ✓	
146 ✓	
147 ✓	
148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY